

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15750

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 20907	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY in this place DOA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		2495	
d. FULL NAME OF HOSPITAL OR INSTITUTION FREEMAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 1322 PENNSYLVANIA AVE.			
3. NAME OF DECEASED (Type or Print) FANNY		a. (First) F. b. (Middle) DELONG		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) MAY 14, 1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH 1883	
9. AGE (In years) 71		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) TELONA, MO.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME SAMUEL JOHNSTON		13b. MOTHER'S MAIDEN NAME MARY WIGGINS		14. NAME OF HUSBAND OR WIFE B. F. DELONG, DEC'D '51	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS G. S. JOHNSTON, 314 1/2 BOWAY, MO. MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Inf.</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201-	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>at death</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 14</u> , 19 <u>55</u> , and that death occurred at <u>3:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Alice H Wilson</u> (Degree or title) MD				23b. ADDRESS 1923 Sergeant, Joplin, Mo		23c. DATE SIGNED 5/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5-17-55		24c. NAME OF CEMETERY OR CREMATORY PARK CEMETERY		24d. LOCATION (City, town, or county) (State) CARTHAGE, MISSOURI	
DATE REC'D BY LOCAL REG. 5-16-55		REGISTRAR'S SIGNATURE <u>Ed S. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>OLIVER FUNERAL HOME, CARTHAGE, MO. MO.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 55-5-344  
Date Filed MAY 23 1955

JUL 14 1955

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4955

P. O. Address. Centerville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.